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ABSTRACT

This document presents reports of three 1983 workshops held at Clark College in Atlanta on the needs of the elderly on the southside of Atlanta. The first workshop focused on the needs of the elderly in the areas of resources, housing and public safety, transportation, support groups and self-help, nutrition, and church involvement. The second workshop focused on the elderly's housing needs in relation to the need for support groups. Topics covered included present and future needs, managers as support group facilitators, ombudsman services, and support groups for independent older adults. The third and final workshop addressed issues in planning and funding self-help support activities. Topics covered included proposal research, census data sources, defining resource needs, and writing the proposal. The document appendices include a partial list of Atlanta support groups, a bibliography on support groups, and listings of program speakers and panelists, Clark College participants, members of the Clark College gerontology program advisory committee, and materials and resources. (BL)

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Preface

During the Spring and Summer of 1983 the Gerontology Program of Clark College organized three workshops that addressed the needs of the Elderly on the Southside of Atlanta. This section of Atlanta has been described as having a large percentage of black elderly persons whose needs are not being adequately met through existing organizations and activities

The initial workshop held from April 7-9 was designed to identify problems and resources on the Southside and contribute to the building of those linkages and organizations needed for effective work with the elderly. Topics included Housing Alternatives, Transportation Services, Role of Churches, Nutrition and Adult Day Care, and the Building of Support Groups.

The second workshop, July 20, 1983, was a one-day session on Housing For The Elderly: The Need for Support Groups. The topics focused on building Support Groups to address problems encountered by older residents. This program was of particular interest not only to the elderly but also their adult children or sponsors, and managers of public and private housing for the Elderly. Sessions included: mobilizing the Elderly, Ombudsman Services, Building Support Groups, and Needs of Housing Managers.

The third workshop was a two-day workshop on Planning and Funding Self-Help projects. It was held August 2 and 3. Sessions provided information and training on the acquisition of resources for Support Group activities. The workshop helped answer questions such as: Where are funding sources? How can they be approached? and How to write a proposal? Participants got proposal writing experience through small group sessions.

Speakers and panelists in all workshops included agency personnel, Clark College faculty, community leaders, and professionals working with the elderly. All sessions were held on the Clark College campus.

These published proceedings are represented through extensive summaries of the most important presentations. They provide a record of the efforts of speakers and panelists and establish a basis for future efforts to improve the lives of the elderly on the Southside of Atlanta. Materials may also serve as a model for the efforts of other communities.

Robert Fishman, Director,
Clark College Gerontology Program

Gretchen Maclachlan, Director
Gerontology Workshops

June, 1984

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Program Speakers and Panelists

Clark College Participants: Faculty and Staff

Members Of Advisory Committee To Clark College Gerontology Program

AGENDA WORKSHOP

BUILDING SELF-HELP: THE NEEDS OF THE ELDERLY ON THE SOUTHSIDE OF ATLANTA

April 7 - 9, 1983
Clark College
Vivian Wilson Henderson Center, Room 132
650 Fair Street, S.W.
Atlanta, Georgia 30314

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Thursday, April 7

9:15 LATE REGISTRATION

9:30 INTRODUCTION
Greetings from Clark College
Vice President, Dr. Gloria Scott

9:45 PANEL: NEEDS OF AND RESOURCES FOR THE ELDERLY ON THE SOUTHSIDE
MODERATOR: Dr. Paul Bolster, Assoc. Prof, Clark College and State Representative, District 30, Georgia General Assembly

PANELISTS:
Father H.J.C. Bowden-Chairman - Fulton County Council on Aging and Older Atlantans Task Force

Helen Brehon, Board Member - Older Atlantans Task Force

Juanita Hill, Coordinator - Aging Connection - Fulton County Unit

Diane Rutherford, Director - Southeast Senior Center

GROUP DISCUSSION

12:00 LUNCH (On Your Own - List Provided)

1:30 PANEL: HOUSING AND PUBLIC SAFETY, MODELS FOR SELF-HELP
MODERATOR: Dr. Larry L. Earvin, Chairman - Department of Social Science, Clark College

PANELISTS:
Stan Citron, Consultant

Crime Prevention Unit - Atlanta Police Department

Barbara Rosenberg, Director - Louis Kahn Group Home

GROUP DISCUSSION

3:00 BREAK

3:15 PANEL: TRANSPORTATION, SPECIAL SERVICES FOR THE ELDERLY AND MODELS FOR SELF-HELP
MODERATOR: Dr. Nathaniel R. Jackson - Asst. Prof. Clark College

PANELISTS:
Mary Kay Chess, Coordinator of Special Projects - Atlanta Regional Commission

Charles Daniels - Chief Special Services - Metro Atlanta Rapid Transit Authority

Marcha Schechtman, MSW - Coordinator of Volunteer Services - Jewish Family Services

GROUP DISCUSSION

4;45 ADJOURN

Friday, April 8

8:30 CONVENE

8:45 PRESENTATION: IN SUPPORT OF SUPPORT GROUPS
Miriam Botnick, Volunteer Coordinator - Nursing Home Ombudsman and Advisor to the Support Group "Coping with Aging"

10:50 BREAK

11:00 PRESENTATION: ENGAGING THE BLACK ELDERLY IN THE SELF-HELP PROCESS

Dr. Irene Luckey, MSW, DSW - Assistant Professor of Social Work - Clark College

12:00 LUNCH (On Your Own - List Provided)

1:30 PANEL: NUTRITION AND ADULT DAY CARE
MODERATOR: Karen Curley-Bew, R.D., Assistant Professor-Allied Health Professions, Clark College

PANELISTS:
Vivian Minor, Project Director - Nutrition Program for Elderly - Senior Services for Metro Atlanta
Irma Pryor, Project Director - Sunrise Senior Center
Delores Kearney, R.D., M.P.H. - West End Medical Center

BREAK

3:00 **PANEL: HOW CHURCHES CAN BE INVOLVED IN SELF-HELP FOR THE ELDERLY**

MODERATOR: Anita Curry-Jackson, MSW, Coordinator for Social Work Field Instruction, Clark College

PANELISTS:

Ruby Bailey, Coordinator - Comprehensive Services for the Elderly and Handicapped, Senior Citizens Services of Metropolitan Atlanta

Rev. Andrew T. Parker, Jr., Executive Director - Urban Training Organization of Atlanta

Rev. Robert Stovall, Pastor - Fort Street United Methodist Church

4:45 ADJOURN

Saturday, April 9

9:30 CONVENE AND DIVIDE INTO SMALL WORKING GROUPS TO PLAN SELF-HELP ACTIVITIES:

Groups	Group Leaders
Housing	Stan Citron/Larry Earvin
Transportation	Nathaniel Jackson
Involving the Church	Ruby Bailey
Support Group	Gretchen Maclachlan/Carolyn French, Administrative Director, Alzheimer's Disease and Related Disorders Association
Nutrition	Karen Curley-Bew
Public Safety	Paul Bolster

11:45 RECONVENE FOR REPORTING AND WRAP-UP

12:30 ADJOURN

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF APRIL 7-9,1983

Presentations of panel on needs and resources for the elderly.

NEEDS AND RESOURCES FOR THE ELDERLY ON THE SOUTHSIDE

Dr. Paul Bolster, Associate Professor, Clark College and State Represenatitve, District 30, Georgia General Assembley served as moderator. Panel members were: Father H.J.C. Bowden, Chairman of the Fulton County Council on Aging and Older Atlantans Task Force; Ms. Helen Brehon, Board member of the Older Atlantans Task Force; Ms. Juanita Hill, Coordinator, Aging Connection, Fulton County Unit; and Ms. Diane Rutherford, Director of the Southeast Senior Center.

Father Bowden began by reporting the results of a needs assessment that had been presented to the Fulton County Commission. According to this analysis, 84,702 individuals over the age of 60 lived in Fulton County in 1980. This age group represents 14.4 percent of the total Fulton County population, the highest 60 plus concentration in the seven county Atlanta region and accounts for 44 percent of the regions older population. It is also noteworthy that in comparison with any other county in the metropolitan area Fulton County has both a greater number and larger percentage of blacks, low income minority persons and Hispanics over 60 years of age. Also, compared to other metro area counties, a greater percentage of older persons in Fulton County are handicapped, live below the poverty level, receive SSI or are over the age of seventy-five. "The association between these characteristics and significant aging problems has been documented over and over--poor health, coupled with a lack of access to appropriate and sufficient quality health care, economic insecurity and inadequate means to purchase needed goods and services, personal and political vunerability, social and economic discrimination, a lack of adequate housing and transportation. All these follow the demographic profile of older Fulton County residents in superlative proportions."

The role of the county council on aging is to bring together older individuals and to bring together organizations of elders and agencies serving the needs of the aging for the purpose of determining, articulating and advocating the interests of the county's older population. In a complex and heterogeneous urban setting, it has a further potential of uniting and focusing, under a large county-wide umbrella, the vast and diverse community of older

citizens and aging advocates whose activities might otherwise have no formal communication or coordination. The Fulton County Council on Aging was organizaed in 1973 and later incorporated as a private, nonprofit organization in response to the need for a coordinating and advocacy body to provide a mechanism through which local residents, groups and agencies can work to assist the elderly in Fulton County.

Today, the need for such a council is perhaps even greater, for federal, state and local community allocations for human services programs are being reduced. Special interest groups have become more competitive for those resources that are available. Economic pressures accentuate intergenerational conflict and at the same time the greying of America insures both larger numbers and greater proportions of elders in our population in coming years.

The Fulton County Council on Aging has received some financial support from the Fulton County Commission. Nevertheless, its existence has been precarious. According to Father Bowden, it is important that citizens be made aware of where we are and where we are going and how the public needs to be involved in what we are doing. In regard to Atlanta's Southside, he indicated that according to at least one recent survey the largest concentration of black elderly in Atlanta was in this section of the city. For these persons there is almost no day care, there are few nutrition centers and transportation and health care services for the elderly is inadequate. According to Ms. Helen Brehon, there are on Atlanta's Southside approximately seven high rises which take care of people wanting to live there. Among the major needs were outreach programs to inform those who live alone of available services and emergency numbers and to provide them with a source of communication. Also needed were better transportation services and additional nutrition centers.

Ms. Rutherford and Ms. Hill combined their presentation to identify needs and describe the service programs of the Senior Citizens Service of Metropolitan Atlanta. Their needs list was developed from public meetings held by the Atlanta Regional Commission and surveys. Included were health related services, transportation services, economic security, Senior Center services, safety and security, housing services, advocacy services and information and referral services.

Ms. Hill explained that the Senior Citizen Services of Metropolitan Atlanta is designed to provide varied programs for Seniors; the overall purpose is to help mobilize community resources that impact on priority needs of the elderly, to assist in the development of plans and programs for the prevention and treatment of community problems, and to help implement these plans and programs by creating the necessary resources in the community. Also they assist the elderly to live independently and remain in their own homes as long as possible, and involve elderly volunteers in

meaningful community resources. Senior Citizens Services administers programs in the areas of program development and advocacy, nutrition and home delivered meals, Retired Senior Volunteer Program, the Golden Age Employment Program service, information and referral service, comprehensive services to the elderly and handicapped, and Sunrise Center, an adult day care program.

The Golden Age information and referral service is the aging connection for Fulton County. As an information and referral service it tries to help those 60 years of age and older and their family members to find necessary resources to solve their problems. Information is provided by telephone, mail, walk-in, and community outreach. Recent community involvement activities included attendance at community meetings, participation in the energy assistance program, distribution of cheese, butter, smoke detectors, and coordination of Annual Red Cross Health Fairs.

Transportation services rank as a major need of the elderly. Transportation is provided for persons 60 years of age or older so that they may get to and from community facilities to apply for services, reduce isolation and promote independent living. There are services available to people in their homes but there are not enough. Senior Citizens Services has an outreach program that goes into homes and tries to identify needs.

Supportive services are those services designed to help the elderly remain in their own homes. They are homemaker services, light housekeeping, personal care, essential shopping and meal preparation. Two agencies, Nutrition Services and the Fulton County Department of Family and Children services provide such services in Fulton County. Chore services which include minor repairs, yard work and minor painting to maintain the house are available; weatherization programs provide insulation and caulking; the International Brotherhood of Electrical Workers (IBEW) does emergency electrical repairs. Additional supportive services provided are minor repairs such as fixing handrails, home nursing care, limited transportation, and home delivered meals. also available is emergency assistanceo pay utility bills and rent and provide clothing or food , and telephone reassurance--a service designed to call people at a certain time each day and check on their well-being.

Personal care homes are facilities (building or group of buildings) in which two or more beds and other services such as meals and personal care are provided for nonfamily ambulatory adults. There are three types of personal care homes: homes for 2-6 people, group personal care homes for 7-15 people and congregate meal personal care homes for 16 or more people. A list of such homes that cater to the elderly is provided through the information and referral program.

A list of public housing facilities in the Southside was given. These are primarily the Senior high rises that

house those capable of independent living. Most of the facilities have a waiting list, and if a person is seeking housing in a high rise they should apply seven to twelve months in advance. The information and referral service also helps the elderly and their families find nursing home beds and helps with the selection of a nursing home facility. Another resource in the Southside are the Senior Centers providing meals, counseling, outreach, education, creative arts, leadership development, health and supportive services. Home delivered meals also are available in the Southside area. The employment services and the Retired Senior Volunteer Program (RSVP)serves those 60 years of age or older with inadequate social security. The program provides technical assistance and a place to discuss older worker issues. First, preference is given to the unemployed and the underemployed. Job placement in the public and private sectors for fulltime and part-time positions, job development, counseling and referral are provided to residents of Fulton County. RSVP is an organization for older people wishing to become involved in the community. One must be 60 years of age or older, retired or semi-retired. Volunteers are used in such places as day care centers and hospitals. Some of their activities include making lap robes and bibs for nursing homes, working as tutors, monitoring cafeterias and working in offices and music departments. Services to protect the elderly from neglect and abuse are the Adult Protective Services, Department of Family and Children Services and a project called the Elderly Abused and Neglected. It is designed to increase public awareness about the nature and existence of abuse among the elderly and develop community resources for those persons that have been abused.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF APRIL 7-9,1983

Presentations of panel on housing and public safety for the elderly.

HOUSING AND PUBLIC SAFETY
MODELS FOR SELF-HELP

The panelist were Mr. Stan Citron. Consultant; Ms. Barbara Rosenberg, Director of Louis Kahn Group Homes; and Ms. Juanita Smith, Ms. Edna Mayberry and Ms. Florence Lamarr of the Victimization of the Elderly Team, Atlanta Bureau of Public Safety, Dr. Larry Earvin of Clark College served as moderator.

According to Mr. Citron, those over 75 years of age represented the fastest growing segment of the elderly population. Therefore, societal pressure was bound to increase for more housing and better supportive and personal care services. He stated that the elderly's housing environment held an enormous degree of social and psychological significance for them. This was one reason why most studies indicate that 80 percent of the elderly would choose to stay in their homes even under conditions of recurring illness.

Citron also identified different types of living environments. Included were independent, semi-independent, semi-dependent and protective living along with nursing homes. In theory, a person could move through each type of housing assuming increasing dependence in old age. This, Citron indicated, was unlikely. While Atlanta has plenty of high rises and nursing homes, other types of housing are insufficient to meet the needs of the elderly. Also, how one gets into a certain type of housing depends on age, income, marital status, closeness of family ties, and health status.

In regard to income, Citron indicated that sufficient housing and services are available to the rich due to their ability to pay. The poor qualify for some government programs, but there is little assistance for the middle income elderly in regard to their housing and social service needs.

Most elderly seeking housing are not married. Married elderly tend to live in their own homes. The older the age group the higher the proportion of women within that category. By age 60-70, people are interested in health maintenance, from 70-80, there is some loss of physical function and over 80, the elderly generally require health

Management in the form of personal care services and home delivered meals.

Citron indicated that most elderly persons maintain strong ties to their families. For example, the idea of nursing home care was often initiated by doctors and other health professions personnel. The inclinations of most families is to care for the elderly family member at great physical and financial strain. The idea of the elderly being dumped into nursing homes and then abandoned by their families was largely myth.

Generally, the kinds of housing available to the elderly include:

1. Home ownership--over 75 percent of the elderly own their homes comprising one-fourth of the total U.S. home ownership. Many elderly who attempt to maintain their homes are unable to do so because of rising cast relative to income. Therefore, on the whole, the elderly tend to have substandard housing.
2. High rises--these are public and private facilities, all are HUD regulated requiring one to pay 25-30 percent of income for housing. Private high rises may charge for meals with required enrollment in meal programs; they may also furnish fewer supportive services. Public high rises are tied into other government service agencies so that more supportive services become available to the elderly.
3. Congregate living--this emerges out of a Washington-based concept designed to provide housing and some personal care services such as meal preparation. Currently, there is no congregate living for middle and low income elderly in Atlanta.
4. Boarding homes--these institutions house the semi-dependent. Generally, the quality of boarding homes in Atlanta is poor; the better ones cost $500-700 per month.
5. Group homes--these are put together by an agency and arrangements for a certain number of people to live there are made in advance. A small staff (homemaker, social worker and visiting nurse) is provided and some personal care services are available. This type of housing would be appropriate for the fairly independent elderly and those needing to be with others.
6. Shared homes--an agency mathces people (usually the elderly), with excess housing space with someone in need, not necessarily an older person.
7. Foster homes--elderly are placed in such housing as a protective measure. There are not many in georgia but where available they can work for some persons.

8. Personal care homes--these must be licensed but in Georgia there are no statewide codes to enforce. They are now included under the Georgia "Long Term Care Act," so they can be monitored by the ombudsman. Local health departments are responsible for inspecting personal care homes and determining if licenses should be revoked. Two hundred are licensed in Georgia.

There are other concerns related to housing for the elderly. These include: (1) home rehabilitation funds; low interest loans are available from the city of Atlanta with no payment required for ten years unless the house is sold; (2) a reverse annuity mortage or equity conversion program which would allow an elderly person with a home worth $50,000 to receive a loan in the amount of the equity of the home to use for medical expenses or living expenses if SSI were inadequate. The loan would be repaid if the house were sold; (3) weatherization services which are available to SSI and AFDC recipients and those with certain income limits; (5) another low interest loan program, using CBDG funds, to allow the homeowner to make repairs if the house is in violation of the housing code.

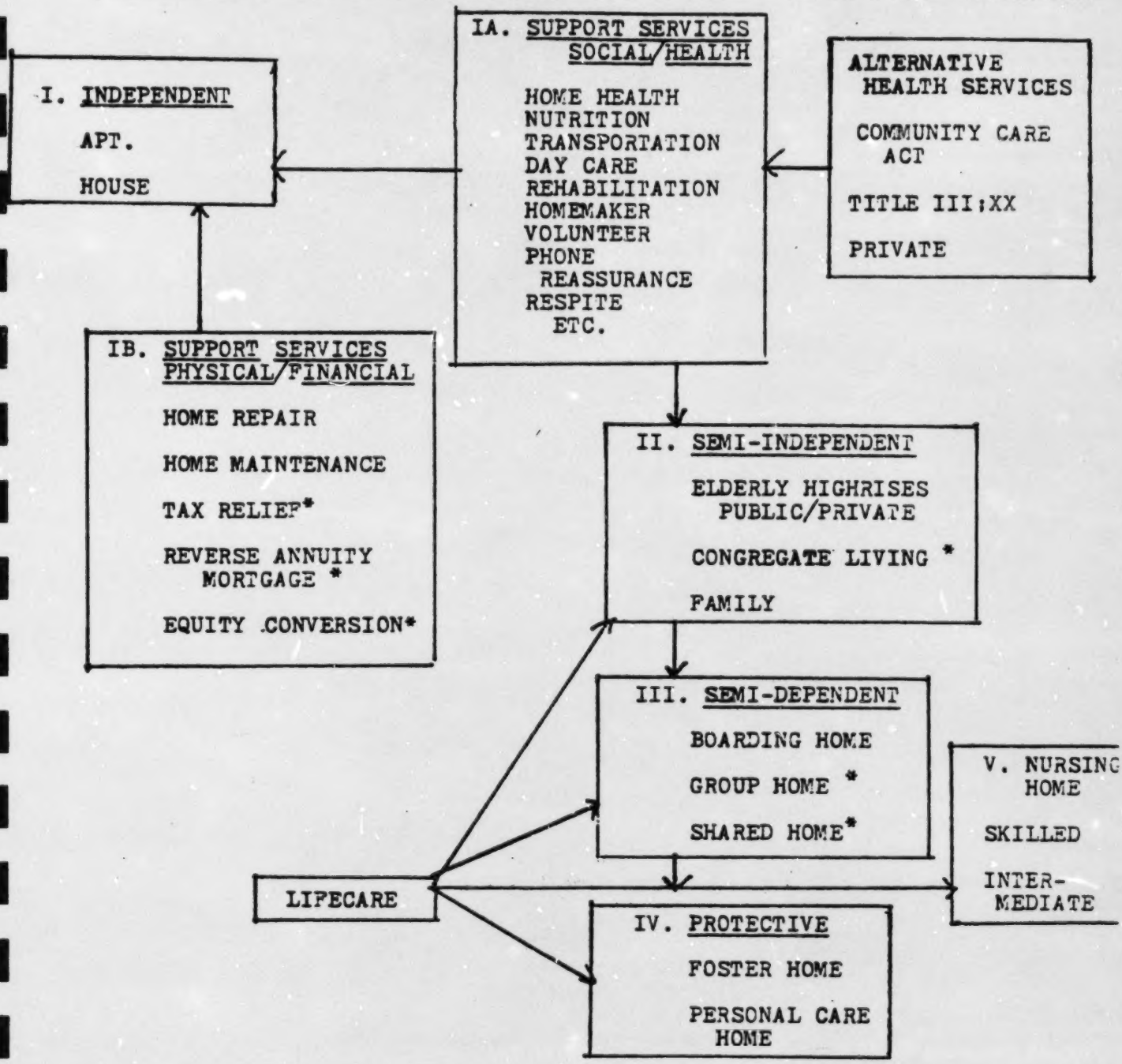
In her presentation Ms. Rosenberg described the Louis Kahn Group Home as a licensed personal care home, with 24 hour supervision, that was not based on the medical model. Louis Kahn Group Home, now governed by Group Home, Inc., a constituent agency of the Atlanta Jewish Federation, grew from a pilot project started by the National Council of Jewish Women. Therefore, the home reflects Jewish values although three of the residents are not Jewish. The staff is comprised of a director, social worker, two cooks, house cleaner and visiting nurse. The residents maintain their own lifestyles and activities. Other activities are provided but they are not structured. Group and individual counseling is provided and quarterly meetings with resident and family members are held. Some federal funding, through the Atlanta Regional Commission, is provided for meals and transportation.

In their presentaion, members of the Victimization of the Elderly Team indicated that they are available to provide such services as: (1) seminars on rape, burglaries, confidence games, mugging, larceny, and shoplifting, (2) programs to emphasize security in high rises and apartments, and (3) crisis intervention counseling for elderly victims of crime. When doing presentations, the team tries to make a news item the focal point in order to get the elderly involved and talking. The presentations are made on a monthly basis and the elderly tend to call back because they are familiar with team members.

In a 1982 survey on the types of crimes committed against the elderly, the Bureau of Public Safety found some common problems. Many elderly persons reported that their checks were being stolen. Others complained of being approached by con artist after cashing checks. In some

instances, elderly persons would cash their checks, go shopping and leave their money in the shopping cart. Despite these findings most respondents did not want volunteer escorts because they did not trust strangers.

"ELDERLY HOUSING - OPTION/ALTERNATIVES"
BUILDING SELF-HELP: The Needs Of The Elderly
CLARK COLLEGE
APRIL 7, 1983
STAN CITRON



* While it is necessary to develop more fully all options/alternatives for the elderly, the author feels that these options either do not exist in the Atlanta area, or are grossly underdeveloped (according to national efforts)

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF APRIL 7-9,1983

Presentations of panel on transportation services for the elderly.

TRANSPORTATION, SPECIAL SERVICES FOR THE ELDERLY AND MODELS FOR SELF-HELP

Dr. Nathaniel Jackson, Assistant Professor, Clark College, served as moderator. The panel included Ms. Mary Kay Chess, Coordinator of Special Projects, Atlanta Regional Commission; Mr. Charles Daniels,Chief Special Services, Metropolitan Atlanta Rapid Transit Authority(MARTA); and Ms. Marsha Schechtman, Coordinator of Volunteer Services, Jewish Family Services. Ms. Chess explained that the area agency on aging (Atlanta Regional Commission) gets funding to provide transportation services through Title III of the Older Americans Act. The funds are used to transport the elderly to and from Senior Centers. With federal funds dwindling, there has been an effort to coordinate transportation services, by social service agancies, through participation in STAR(the Specialized Transportation for the Atlanta Region). Current participants include: Grady Memorial Hospital, Atlanta Housing Authority and Senior Citizens Services. Funds from the Atlanta Housing Authority and Grady Hospital are used to provide medical transportation services. Funds from Fulton County, the City of Atlanta, Title III of the Older Americans Act and social services block grant (through Senior Citizens Services) are used to transport the elderly to and from Senior Centers. There is a need for additional funds.

Ms. Chess described three transportation self-help models that had been used to serve the elderly. Model One was Friends in Service Here (FISH). The program used volunteers to provide transportation for the elderly. In Dekalb County request are taken via an answering machine; then a volunteer calls the senior citizen back and connects him with the appropriate volunteer. This is usually a one time service. The concept started in Oxford,England, was bought to the United States in 1964 and spread through the church community.

Model Two was used by the YMCA in Washington,DC. There were a number of organizations that had vehicles that were not being used during part of the day. A number of the vehicles were pulled together into a pool to provide the elderly with transportation for medical and shopping trips.

Volunteers were again used as drivers. The program did not move great numbers of people but it was successful. She cautioned that you would need to make sure that you had qualified drivers and also would need to structure the service so that priorities, such as medical visits, were scheduled first.

Model Three was started by the Council for the Jewish Elderly. After identifying the need, they designated a target area, solicited funds within the Council, purchased several vehicles and also used volunteer drivers. They provided grocery shopping services only.

Ms. Chess emphasized the need for advocacy and the sharing of concerns with both government and business. One favorite approach was through participation on various advisory boards.

According to Mr. Charles Daniels MARTA (Metro Area Rapid Transit Authority) had made commitments to serve the elderly and the handicapped. Results of a 1972 transit riders survey found that 9.9 percent of the total trips made were by persons 60 years of age or older. In 1975, a survey of older and handicapped travelers indicated that an estimated 26,800 person used MARTA. In 1974, the MARTA Board of Directors established a written policy, "Special Transit Services for the Elderly and Handicapped," and voted to provide special services within budget limitations. In 1975, the MARTA Elderly and Handicapped Advisory Committee was established. In 1975, Special Services started the E-Bus and the L-Bus.

The E-Bus (Elderly Bus) was designed primarily to connect concentrations of elderly residents with a single major attraction such as a shopping center. The E-Bus serves 45 high rises and runs once or twice a week. Efforts are made to have a minimum of 30 people using the bus for a given trip. E-Bus use is scheduled through informal agreements with administrators of the facilities. The E-Bus is scheduled on a regular recurring basis.

The L-Bus (Lift Bus) was designed primarily for the physically handicapped, person who could not use the existing bus system. The objective was to increase the mobility of affected persons to places of employment, schools and training centers, hospitals, shopping centers and other facilities. The L-Bus operates on a curb to curb basis over a scheduled route; there is no weekend service. Requests for the L-Bus are taken by telephone with the potential user giving such information as travel purpose, date, hours, pick-up point and destination. Daniels also stated that the MARTA bus system could be improved but that the rail system was totally accessible.

Ms. Schechtman described the DART or Dial a Ride Transportation program. The program was part of Jewish Family Services and served only the Jewish community. The program was started about four years ago when the need for transportation was identified. The program initially used

volunteers but was not successful because it lacked a fulltime coordinator. In regard to program development, she stated that the first nine months were spent in planning the program. Planning was the most important phase. A planning program was developed that included the recording of information on planning, recruitment, publicity, statistics, mileage forms, job descriptions, miscellaneous information about the elderly to help the volunteers and other decisions that needed to be made.

The program has three sets of volunteers, DART dispathcers, DART drivers and Sisterhood Chairpeople (volunteers from a sisterhood group from the synagogue that help the committee recruit volunteers and do publicity). The driver is available on Tuesdays and Thursdays. Drivers are provided orientation, given a job description, must have personal car insurance and license, and are required to attend follow-up meetings. DART is specifically for essential (medical, legal, banking, coming to the agency) needs. The driver is required to pick up the client, take them to their appointment, drop them off if there is to be a long waiting period and return them to their home. Clients are charged $1.00 per trip and the money comes back into the program. Presently the program is looking for funding and a fulltime coordinator. Drivers keep statistics sheets and record the mileage, identify the client, record the amount of money collected and the amount of time spent volunteering. This information is to be used to secure funding. The role of the dispatcher is to screen calls and literally ask people what was their means of transportaion before DART. This is to make sure that those in need are served. The dispatcher works at the office from Monday to Thursday and makes up cards on all callers. Clients are asked to give at least 24 hour notice and the information requested includes name,address,telphone number, and emergency contact. The program only deals with abulatory persons. The program is publicized primarily through the synagogue. Word of mouth and advertisement in stores and newspapers with large Jewish clientele also are used. The program fills about 30 requests a month.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF APRIL 7-9, 1983

SUPPORT GROUPS AND SELF-HELP FOR BLACK ELDERLY

Miriam Botnick, Volunteer Coordinator - Nursing Home Ombudsman and Advisor to the Support Group "Coping with Aging", and Dr. Irene Luckey, MSW, DSW - Assistant Professor of Social Work - Clark College, made presentations concerning this subject.

One of the major concerns of our April workshop was the creation and development of Self-Help by means of Support Groups. Although the Southside of Atlanta was chosen as the target area the principles and techniques suggested by seminar speakers have implications for other communities.

Support groups are small groups of people whose members provide support to one another in the face of chronic problems. Members usually have common difficulties and receive support, encouragement, and assistance from other members in learning how to deal with them effectively. Support groups among the aging population are sorely needed because of the increased stress that elderly individuals face on a daily basis.

Aging Support Groups in particular help to evaluate and define problems, find the best solutions to problems, educate and inform as to medical, social, and legal aspects of aging, tell about outside resources, and make referrals to those who can give additional help. These organizations are concerned not only with the elderly themselves but also the families of the aged.

Among Support Group models, there are two we emphasize here: first, a broad umbrella organization and second, a wheel model with radiating spokes.

Broadly based umbrella type support groups are the most popular and are recommended by professionals, especially in initial stages to draw people together.

Careful planning is a critical first step in developing any broadly - based support group. There is a need for a professional or non-professional facilitator, concerned with the welfare of older people, who must be sensitive to the needs of families, and have a strong sense of commitment. It has been suggested that Support Groups have at least two people available who are capable of running the group.

Starting a support group is eased if one can find a sponsor such as a civic or service group. In Atlanta, for example, the Coping With Aging Support Group is sponsored by the Service Guild of Atlanta.

General guidelines are as follows: meet once a month, provide an activity, and allow time for discussion of individual concerns through sharing. A critical point to keep in mind is that the individual is the most important part of a support group. Never lose sight of the individual's needs while working with the total organization.

In planning programs, keep in mind that support groups are both a learning plus a sharing experience. Therefore, having speakers at meetings is often appropriate. Relevant topics might include: How to live with death and dying, Loss and bereavement, Home care services available in Atlanta, Alzheimer's Disease, coping with the aging of a family member, a panel on resources available in Atlanta, motivating the elderly, the care of the caretaker, how to plan a funeral, how to buy a plot, arthritis, strokes, drugs, long term care ombudsman program, personal care homes in Atlanta, holiday stress, and wills and legal advice.

The organization should meet in a centrally located place available in your area. Possibilities include the local community center, libraries, banks, and possibly a shopping center. Remember to use a place where parking is easy. Consistency as to day, time, week, place, helps people remember. One and one-half hour for the formal part of the meeting is enough. The personal touch is important including phone calls to participants. Public Relations is important. Use newspaper, radio, TV and other available media. Have a resource table, name tags, and refreshments. Be sure to get lists of those attending including addresses and phone numbers. Have group members indicate what they want for future topics and speakers.

Other types of support groups have been utilized effectively. An alternative model to the one presented above is to address problems directly by utilizing the elderly as a resource in educating their peers. For example, a project in New York City trained low income, black elderly to provide information and referral services to their peers in Senior Centers about cold weather, housing, and energy problems. The project was designed to train a total of twenty four individuals broken down to six low-income, black elderly persons in each of four Senior Centers in New York City. As "Energy Aides" they provided basic information to their peers on coping with cold weather problems. Individuals selected were volunteers between the ages of 65 and 74 and all retirees. Training topics included: preparing your home for cold weather, ways to keep warm, nutrition in cold weather, tenants rights, utilities and Energy Financial Assistance Programs.

Each center had a minimum of six sessions with a one hour average for each session. The professional's role was to provide a framework for discussion. After completion of the training program, the Energy Aides made presentations to all Senior Citizens

at the Center. The newly trained Energy Aides provided the information to their peers regarding services, programs, and techniques discussed in training sessions. They also participated in the development of a manual containing the basic information and procedures for coping with energy-related cold weather problems.

In conclusion, Support Groups are important. Although both models shown here have proved effective they should be adapted to different people, times, and places depending on circumstances.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF APRIL 7-9,1983

Presentation by panel on nutrition and the elderly.

NUTRITION AND ADULT DAY CARE

Karen Curley-Bew, R.D, Assistant Professor, Allied Health Professions, Clark College, served as moderator. Panel participants were Ms. Vivian Minor, Project Driector, Nutrition Program for the Elderly, Senior Services for Metropolitan Atlanta; Ms. Irma Pryor, Project Director, Sunrise Senior Center; and Ms. Delores Kearney, R.D., M.P.H., Westend Medical Center. Ms. Minor described the nutrition programs provided through the Senior Citizens Services. The nutrition program is one of the larger programs and provides services to persons 60 years of age or older that reside in the city of Atlanta or Fulton County. They may be SSI or AFDC recipients. The nutrition program for the elderly is funded through Title III of the Older Americans Act, Title XX of the Social Security Act, the City of Atlanta, Fulton County and the United Way. In addition to serving those sixty years of age or older, the program tries to reach those who desire socialization or involvement in community activities, person who lack mobility to shop and prepare food for themselves, and persons who are not motivated to eat properly.

Also noon meals in a congregate setting are provided. They are provided five days a week at centers where people may receive other supportive services. Other services may include arts and crafts, nutrition education, leisure time activities, outreach services to identify those persons who are isolated and do not know what services are available, welfare counseling, legal services, and recreation trips. The centers are open four hours each day, 10:00-2:00 p.m.

Home delivered meals are provided for persons age 60 or older, SSI recipients, income eligible, and permanently or temporarily disabled. The emphasis is placed on serving the elderly; however, some persons under 60 are served based on need.

The homemaker component provides help to persons needing some personal care services. Priority is given to serving those receiving home delivered meals. It was expected that funding would soon become available for a home repair and rehabilitation service. This would permit the elderly to have minor repairs, such as fixing a screen or changing a light bulb, completed.

The second presentation concerned adult day care. Ms. Pryor stated that adult day care was a limited service

and that it was expensive. It was designed to serve the more disabled older persons, whose children were having a hard time maintaining them at home due to senility or stroke. It was also intended for older persons who lived alone and needed socialization.

Ms. Pryor described the Sunrise Senior Center as a partial Senior Center providing adult day care. However, the major goal was to reduce inappropriate institutionalization by providing community-based care in a neighborhood setting. The Center helps to prevent neglect and abuse and helps people to achieve self sufficiency. Activities include individually structured activities, group structured activities, and daily activities. Social services are emphasized such as helping people to go to and from the bank pay bills, get food stamps, manage finances, and obtain legal and health services. Transportation is provided to and from the Center and for medical treatment on a limited basis. Help with limited personal care is given in such areas as personal hygiene, taking medication and shopping. Some help with housing is provided.

Ms. Pryor stated that the Center receives a number of referrals from the Department of Family and Children Services, the Protective Services Division. Persons attending the Center must be able to feed themselves and use toilet facilities.

In the third presentation, Ms. Kearney, a public health nutritionist, discussed her duties so that persons working with the elderly would know how to utilize the services of a nutritionist. One of her functions was to provide individual nutrition patient counseling. Most of the elderly have some need for a therapeutic diet. Most are on a low sodium diet, diabetic diet, or weight reduction diet. Many elderly just do not meet their basic nutrition needs for the day because of poor appetite. Some elderly show up after suffering a gradual weight loss. Generally, something is wrong when they begin to fall below their ideal body weight.

As part of her function, she works with people on food budgeting. Many elderly are on low or fixed incomes and they need to be very thrifty with their food budgets. Ms. Kearney works with them on managing their food resources; helping with shopping hints. Elderly persons are also referred to other resources such as food stamps. Some are not aware that they qualify and some do not want to apply because of the feeling that there is a stigma attached to getting food stamps. They are also referred to Senior Centers if they are having trouble getting an adequate daily meal. Arrangements for home delivered meals also may be made. Sometimes referrals are made to a social worker when nutirional problems are related to other household problems such as saving food money to pay fuel bills or finding that fuel has been cut off so that they can not cook.

Basically, Ms. Kearney does nutrition counseling at the Westend Medical Center and at two Senior Centers in the

Westend section of Atlanta. Additionally, individual nutrition counseling can be secured at Atlanta Southside Community Health Center, Grady Memorial clinic, W.T. Brooks and Northwest Grady Clinic, and the Fulton County Health Department on a limited basis.

Frequently, a person will come in with an immediate need for food and they are referred to the community food banks (the Atlanta Food Bank). The Atlanta Food Bank coordinates the distribution of food to local food pantries (usually churches) where it is distributed to those in need.

Ms. Kearney's second major function is providing group nutrition education classes. She goes to Senior Centers and other sites to teach a nutrition education class once a month. Nutrition education is a support service under the nutrition programs for the elderly. While some people question the value of nutrition education, many elderly people are receptive to the information provided. As their health and other aspects of their life change so do their nutritional needs. Many elderly have medical problems that are related to nutrition. These include poor dental health, obesity, high blood pressure, diabetes, anemia and gastrointestinal problems, all of these conditions require understanding of nutritional needs. Many elderly are using medication that affects nutritional status. Medication can affect appetite and how nutrients are absorbed. Sometimes there are foods that should be avoided or increased depending on the medicine prescribed. In addition, the elderly are susceptible to nutirion misinformation and need to know what is correct so that they can more wisely spend their food dollars.

In recommending expanded nutrition education, Ms. Kearney recommends that a registered dietician teach the classes, but if one is not available others who might teach include home economists and nutrition students. However, in such cases a registered dietician should be consulted to monitor what is being taught. A good time to schedule classes is after the noon meal. She also suggested teaching the elderly what foods were appropriate for their health and what foods were not as opposed to teaching the value of certain nutrients.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF APRIL 7-9,1983

Presentation by the panel on church involvement with the elderly.

HOW CHURCHES CAN BE INVOLVED
IN SELF-HELP FOR THE ELDERLY

Panel participants included the following: Ms. Anita Curry-Jackson, Assistant Professor, Clark College; Ms. Ruby Bailey, Coordinator, Comprehensive Services for the Elderly and Handicapped, Senior Citizens Services of Metropolitan Atlanta; Rev. Andrew T. Parker Jr., Executive Director, Urban Training Organization of Atlanta; Rev. Robert Stovall, Pastor, Fort Street United Methodist Church. During introductory remarks, Ms. Curry-Jackson stated that the church had supplied recreational,educational, economic and political needs for the community. We know that some of the concepts related to self-help, such as benevolent societies, really emerged out of the church. The church has tied together Christian doctrine and social activism. It is important to examine and hear how churches are invovled in self-help programs for the elderly.

The first presentation was made by Ms. Ruby Bailey. She stated that Comprehensive Services were involved in providing program assistance to nursing homes, community groups, and other people developing viable programs (for the elderly) in the community. Since 1978, Comprehensive Services had worked with the churches to develop one or two day enrichment programs involving church members and community people. The programs started with 15 people and ended by serving 40 people two days a week, providing enrichment programs such as Bible study trips. There are now programs in 12 churches with support provided by other churches so that approximately 25-30 churches are involved in self-help programs. She indicated that self-help activities are coordinated among churches in the community. She recommended that conference participants begin to look at their own churches to determine what types of programs they could provide for the elderly and whether or not their buildings are conducive to having the elderly present (i.e. accessibility of transportation and existence of ramps for wheelchairs).

Ms. Bailey also discussed the development of the Southside Shepherd Center. The Center still in the planning phase, is based on the Shepherd Center that grew from the

efforts of Dr. Albert Coles at the Central United Methodist Church in Kansas City, Missouri. His concept was one in which churches would get together to do something about the elderly. Presently the Center seeks funding; there is hope that soon the Southside Shepherd Center will become part of the national Shepherd Center netwrok. The program will be co-sponsored by the United Methodist Church.

The second presentation was made by the Rev. Andrew Parker Jr. He stated that the rapid increase in the number of older people has left society unprepared. He indicated that a growing portion of the population is post productive and post reproductive. Much of the population is no longer in the work force. The church should be deeply concerned with the problems of the aging because more aging persons are affiliated with religious bodies than with any other kind of organization. Today's aging phenomenon is probably one of the most significant developments in 2,000 years. While people are living longer due to better health, medicine, nutrition, and environment, they also have more leisure time due to computers and automation. As a result, we have all kinds of social problems. Older people have lower incomes, less adequate housing, worse health and larger hospital bills than younger people in the population. Nearly fifty churches indicate that churches do not have a clear picture of the relation of organized religion to older people. In Parker's view religiousity does not necessarily increase with age, religion is the key to life in old age, religious faith and its expression for many people may be the only instrument through which they can sustain their dignity and sense of worth in spite of the losses and disability of aging. However, there is no data to indicate how much religion influences the adjustment to aging.

Sixty to seventy percent of older people have some type of active relationship to a church or synagogue, but few older people hold positions of leadership in the church. On the whole, the church is doing very little to meet the needs of older people.

What can the churches do? Rev. Parker stated that the church has two primary functions. One is to minister to the psychic and emotional needs of people; the other is to deal with the political issues of the community. It was essential for churches to have ministers who cared. Ministers, social workers and others working with the elderly must have the appropriate attitude. They must not withhold emotional support or be overprotective. The issue of training people to work with the elderly must be raised in churches and seminaries.

Also, churches must identify the needs of the elderly, develop a philosophy, and make a plan for helping them. Rev. Parker stated that church involvement in helping the elderly was usually through a housing (high rise) program which he referred to as "geriatric deathboxes." In contrast,

there were usually no programs to support the health or spiritual well-being of the residents. Also, less than five percent of the elderly live in housing for the elderly, most data indicated that deinstitutionalization and living at home is more beneficial. Churches should sustain an interest in their older members. Also, churches must serve as active agents in good community planning for the elderly. Churches should support and use community resources.

The third presentation was made by Rev. Stovall. He referred to the elderly of his congregation as "keenagers." The programs at Fort Street United Methodist Church included linkages with other community groups of older persons who meet at the Church on Mondays and Tuesdays for fellowship. They have a meal which they prepare. A major problem is getting men involved in the program. Additionally, through the Comprehensive Services program, the activities of the group have been enhanced by having speakers and resource people come in and provide useful information.

Workshop Agenda

CLARK COLLEGE, GERONTOLOGY PROGRAM

HOUSING FOR THE ELDERLY: THE NEED FOR SUPPORT GROUPS

July 20, 1983, Wednesday

Vivian Wilson Henderson Center, Room 132
650 Fair Street, S. W.
Atlanta, Georgia 30314

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8:30 a.m. INTRODUCTION AND PURPOSE OF THE WORKSHOP
Dr. Robert Fishman, Director Gerontology Program
Gretchen Maclachlan, Director, Gerontology Workshops

8:45 GREETINGS FROM CLARK COLLEGE

9:00 SUPPORT GROUPS AND HOUSING FOR THE ELDERLY: PRESENT AND FUTURE
Dr. Herbert Karp, Director of Medical Services, Wesley Homes and Director of Program in Geriatric Medicine and Professor of Neurology, Emory University

9:45 MANAGERS AS SUPPORT GROUP FACILITATORS AND AS SUPPORT GROUP PARTICIPANTS
Panel of Managers of Housing for the Elderly
Moderator: Dr. Nathaniel Jackson, Clark College, Social Science Department
Edward Riley, Manager, U-Rescue Villa
Gene Tunnell, Ph.D. Executive Director, Campbell-Stone
Bessie W. Knight, Acting Resident Manager, Friendship Towers

10:45 NEED FOR SUPPORT GROUPS AND OMBUDSMAN SERVICES
Moderator: Anita Curry-Jackson, Clark College, Social Welfare Program
Miriam Botnick, Volunteer Coordinator, Nursing Home Ombudsman
D. E. Smith, Assistant Director, Project SHAPE, Spelman College
Rebecca Hynson, resident of John O. Chiles Residence for the Elderly

11:45 LUNCH BREAK

1:00 p.m. SUPPORT GROUPS FOR INDEPENDENT OLDER ADULTS
Marea Jo and George Milner, Co-directors of Bereaved Partners and Center for Growth Unlimited

2:00 BREAKOUT GROUPS TO DISCUSS MODELS FOR SUPPORT GROUPS

GROUP FOR:	GROUP FACILITATORS:
Elderly	Anita Curry-Jackson
Families and Adult Children	Miriam Botnick
Managers of Elderly Housing	Dr. Nathaniel Jackson

3:30 REPORTING FINDINGS OF BREAKOUT GROUPS

4:00 Adjourn

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF JULY 20, 1983

Presentation by Dr. Herbert Karp, Director of Medical Services, Wesley Homes and Director of Program in Geriatric Medicine and Professor of Neurology, Emory University.

SUPPORT GROUPS AND THE NEEDS OF THE ELDERLY PATIENT: PRESENT AND FUTURE

According to Dr. Herbert Karp, medicine has lagged in recognizing the emerging problem of an aging population. Only now is this issue beginning to receive the attention it deserves on the part of the medical profession. Not until 1977 did a branch of the National Academy of Science Institute on Medicine examine relevant demographic trends affecting age and decide that there was a need to modify training programs in academic institutions and medical schools and other institutions where courses geared to health professionals are taught. In 1982, the American Association of Medical Colleges completed a survey of academic programs and developed recommendations concerning curricula on Aging in medical schools. Schools of Nursing, Denistry, Public Health, and other Health Profession Schools are following suit; some may actually be a bit ahead of the medical profession. At Emory University's Medical School, an affiliation with Wesley Woods (Homes) has developed recently for the first time with the creation of a program in Geriatrics and Geriatric medicine. The site for this program will be Wesley Woods and the Atlanta Veterans Administration's Medical Center and Grady Hospital. It should be noted that Branon Towers in East Atlanta and Epworth Towers in Southwest Atlanta are a part of Wesley Woods; in addition there are residential facilities in North Georgia, in Athens and in Augusta. In October, the V.A. Hospital in Atlanta will begin to admit patients to an extended care facility. Personnel at the Hospital have prepared a proposal for support of an educational and research program. The main thrust is placed on Support Groups and concentrates primarily on environmental changes, (on architecture) in collaboration with the School of Architecture at Georgia Tech.

The activity at Grady Hospital will be primarily an outpatient clinic; this is now in its formative stages. Beginning in October, a residency experiment will be made available to residents in internal medicine. In the future, everyone in the medical program at Emory University and affiliated hospitals will have experience dealing with the aging either at Wesley Homes or the Atlanta V.A. Hospital. Another aspect of the program will be to provide instruction for undergraduates in the pharmaceutical needs of the aged (the effects of drugs on the aged in contrast with their impact on other age groups including the young).

In his remarks, Dr. Karp moved to apply certain principles of analysis to groups that he utilizes with his clinical patients.

Physicians, managers, and other health professionals must do more to provide support to the families of elderly patients. The family can make observations that are just as significant as those of the physician in regard to meeting the patient's needs. Also, in gathering useful information, Physicians and other professionals must look at aging and the diseases of aging from the perspective of the family and other support groups.

In examining the background to the Biology of Aging we must recognize those variables that are predictable with aging. We can modify them and lessen their effects but we cannot remove them. They include the following:

1. A Loss of Strength in the muscles closest to the body; thigh and hip muscles tighten. This will show up in climbing and sitting in low chairs. Shoulder muscles are also affected. The process of deterioration cannot be changed but can be slowed down by exercise.
2. Temperature control problems occur with aging. The sweat mechanism changes. The elderly are subject to frustration and heat stroke in the heat of the summer. They may complain that they are too hot or too cold. Their heat and cold controls are not functioning effectively. Support Groups should be used to inform housing managers and family members about the needs of the elderly with regard to control of temperature. In cold weather, the elderly may require higher temperatures than other family members.
3. Senses of taste and smell deteriorate; taste buds deminish. This can lead to serious disorders in nutrition. The elderly might not eat properly because there is no food taste. Their seasoning of food might be distorted because of changes in their sense of taste.
4. Bones and joints require exercise. Bones respond to activity by getting stronger. An inactive person's bones will get soft and are subject to fractures. Add age to this and you will see why a minor fall or slip by an older person results in a bone fracture.
5. Nervous System changes are reflected in reduced sensory imput as to taste, smell and touch. The loss of ability to handle small objects is just one example of sensory disorders. They cannot carry on the same motor skills as when they were younger. Vision and hearing loss is common. Elderly persons may develop cataracts. There are certain functions that go on in the brain that the elderly are not able to process as quickly as when they were younger. Improper lighting and other things that hinder eyesight only add to the frustrations of the elderly.

   The same is true of their hearing. Older persons who normally do not have a hearing problem may encounter distractions in holding a conversation (i.e., loud

noises, children playing). Their motor skills are not what they used to be. Whether in the church, in a family setting, in the nursery, hearing of the elderly can be impaired by loud distracting noises.

6. Changes of memory in the elderly are common. While Alzheimers Disease often begins with changes in memory, one must remember that memory loss in itself is not associated with any serious disease of the brain but rather may be viewed as benign senescent forgetfulness. Most important is the realization that the aging organs (brain, heart, lung, liver) are extremely vulnerable to change. Any superimposed function (disease) can cause serious danger. A mild infection in the chest can cause pneumonia. In regard to medication, a good rule of thumb is to use as few medications as possible and as mild a medication as possible. Check with the physician about medication (if problems develop altering their habits) to see if the medication that is used has a bearing on the patient's problem of declining health. Any medication that is effective carries the risk of causing side-effects.

Because of the mobility of society, Support Groups (defined as people organized to support patient needs) are becoming more central to problems of the aged. In examining Support Groups there are some relevant questions to be considered. How can we characterize support groups? What kinds of support groups are available to patients? What kinds of support should we try to give to patients? How can we use a careful analysis of Support Groups in designing the kind of support that the patient needs?

Now in dealing with families, we often construct what is called a genogram. We try to characterize the nature of the family or those people who are going to be intimately involved with the patient. So it is really a kind of inventory to see who is available to support the patient, to characterize the kinds of people who are involved in providing support, and what their reaction is to the problems of the aging individual.

The goal should be to match the needs of the patient with available support groups rathen than to randomly assign a patient to a support group. It is a matter of trying to match client and support in an appropriate manner.

I have tried to identify the various types of people encountered primarily through families. I have not had experience in dealing with community support groups. But in starting a group, here is a list of people who may become involved.

1. The "facilitator" - The person who needs to have the patient dependent on him/her to feel adequate.
2. The Victim - The person who is consumed in emphasizing his own problems, a result of having to deal with an elderly family member.
3. The Escapee - The person who is skillfully able to shift the blame for problems they are having on another member of the family or support group member.

4. Manager - A great organizer who can line up things for others but who cannot do much himself.
5. The Caretaker - Somebody who will actively take charge and give care to the patient.

These are five qualities of people in support groups that are in a position to give support. In some cases, with counseling, the "facilitator" can become a caretaker; the victim along with the escapee is the hardest of all to change. They represent disorders of support.

There are ways to further evaluate support groups. Once the support group is changed you need to see whether the support group is compatable with the patient or whether it is in constant conflict with the patient. A very rigid support group with specific rules can create conflict with the patient in addition to changing his need for effective support.

Tangible evidence of support for families ranging from the simplest to the most complex includes:

1. Checking-up to make people feel that we are aware of them. A simple call or dropping in to see how the person is doing is an appropriate activity.
2. Legal Support to try and help the patient work out his legal problems. A patient who is losing control needs to know about good administrative and legal help including power-of-attorney and guardianship.
3. Support of Personal and Nursing Care to make every effort to maintain the patient at home for as long as possible. The idea is to let him stay in familiar surroundings.

Dr. Karp indicated that contrary to common assumptions the greatest source of stress for the caretaker tends to be impaired sleep and daytime wandering. Both of these problems require constant surveillance of the elderly patient. Other problems encountered include physical aggression, falls, personality changes and incontinence.

Dr. Karp emphasized that the common view that the elderly require less sleep than the rest of us is simply not accurate. The key to efficient sleep for everyone is relatively uninterrupted sleep. For a variety of reasons, the elderly often suffer from interrupted sleep at night; an indication of this is the tendency of some older persons to fall asleep during daytime hours when placed in a relatively comfortable environment.

Any assessment of the elderly patient has to include an evaluation of the total environment including available supports. In Geriatrics, assessment tools must include not only classical data from physicial examinations and patient history but the support patients are likely to require as they grow older.

Presentation edited for distribution by staff of Clark College Gerontology Program.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF JULY 20,1983

Presentations from the panel of housing managers on housing for the elderly

MANAGERS AS SUPPORT GROUP FACILITATORS AND AS SUPPORT GROUP PARTICIPANTS

Panel participants included Mr. Edward Riley, Manager of U-Rescue Villa, Dr. Gene Tunnell, Executive Director of Campbell-Stone, and Ms. Bessie W. Knight, Acting resident manager of Friendship Towers. Dr. Nathaniel Jackson of Clark College served as moderator. In his introductory remarks, Dr. Jackson pointed out that the April workshop: had indicated the need for support groups both on the part of elderly residents in high rises and their families as well as the managers, especially those in public facilities. Therefore, the purpose of the panel was to explore the role that managers can play both as support group facilitators and as support group participants.

Mr. Edward Riley, a public housing manager with the Atlanta Housing Authority, primarily discussed the support group that existed at U-Rescue Villa. It has a tenant association funded by the residents. The purpose is to provide a variety of services and an outlet so that residents can express themselves. Examples include counseling in cases of death and maintaining a choir to keep people active. U-Rescue Villa management also utilizes "building captains." These floor leaders are residents, recommended by the tenant association, trained to provide information to other residents on a repetitive basis. Floor leaders are responsible for knowing who is or who is not sick on their floor and teaching residents about such things as fire drills, the emergency system and available community resources. According to Riley, public housing is geared to people able to care for themselves. At U-Rescue Villa, there are no medical facilities.

Dr. Gene Tunnell, manager of Campbell-Stone, a private, nonprofit, religiously affiliated facility, primarily discussed two areas considered crucial to Senior Citizens, the emotional need area and the functional need area. Support groups were needed to help residents handle such problems as unresolved grief, loss of a spouse or child, loss of a home or personal possessions, and loss of physical capability (their independence.) In the functional need area, people learn how to accept or cope

with the problems associated with aging.

In addressing the problem of putting support groups in place, Dr. Tunnell indicated that a managers role might be that of facilitator, for example persuading a Board of Directors or HUD that a support group should be funded. However, not all managers are well suited to lead a support group; for this a skilled person should be selected to provide leadership.

Dr. Tunnell identified two additional problems: (1) the difficulty in convincing residents or their adult children that the family member was no longer capable of independent living and should be moved to another facility such as a nursing home, and (2) getting adult children involved in the care of the family member. He felt that support groups were important for adult children as well as for residents.

Ms. Bessie Knight, Acting manager for Friendship Towers, stated that support groups were a good idea generally, but that they were not needed at Friendship Towers. Instead, the residents had a community club that sponsored such activities as prayer meetings, bingo, and quarterly birthday parties. Ms. Knight emphasized that she tried to deal with the tenants individually and handled family problems and rent collection. There is an on site social worker to handle problems related to sickness.

During the question and answer session, Dr. Fishman stated that managers, in the April session, had indicated that they faced a multiplicity of problems and that support groups for residents was one means of responding. He also cited the perception expressed by several managers that they were sometimes overwhelmed with tenant problems and would benefit themselves from a support group. He noted, however, that Ms. Knight did not appear to feel this need for herself or residents of Friendship Towers and he wanted to know what accounted for the difference. In response, Ms. Knight stated that managers needed to deal with tenants individually and that some managers created their own problems. Mr. Riley said that his main problem was dealing with paper work (about 75 percent of his job). He felt this limited his time to manage and effectively deal with tenant needs. Although the Housing Authority was computerizing many procedures, he felt it would be a couple of years before the paper work would be controllable.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF JULY 20,1983

Presentations from the panel on support groups and Ombudsman services.

THE NEED FOR SUPPORT GROUPS AND OMBUDSMAN SERVICES

Panelist included Ms. Miriam Botnick, Volunteer coordinator, nursing home ombudsman; Ms. D.E. Smith, Director of Project SHAPE, Spelman College; and Ms. Rebecca Hynson, resident of John O. Chiles Residence for the Elderly. Ms. Anita Curry-Jackson of Clark College served as moderator. Ms. Botnick's presentation defined an ombudsman program and identified the necessity for support groups for the residents and their families. She defined an ombudsman as a citizen's representative who investigates complaints, reports findings, and achieves reasonable settlements. The main function of an ombudsman is to protect the rights of individuals by investigating and resolving problems and grievances, providing information, and working with institutions, organizations and agencies to increase the responsiveness to the people they serve. Residents living in senior developments, especially high rises, were a group likely to benefit from ombudsman services. Such older residents have little contact with the outside world around them and often feel that they lack control over their own lives. Their most frequent complaint is "lack of transportation." Without transportation they are unable to go to the doctor, their church, or shop for clothing, food or medicine. An ombudsman organization could advocate and address the need for transportation and hopefully solve this need. Such an organization would receive, investigate and attempt to resolve problems and complaints of seniors in high rises. They could answer questions and provide information on all the services that Atlanta has available to seniors. They could promote community education and awareness of the needs of seniors living in high rise facilities. They could identify issues and problem areas and recommend needed changes in facilities, and most important of all they could help start both resident and family support groups. They could help with problems concerning health services and drugs, when it is time to go into a nursing home, medicare benefits and other insurance needs.

These were the considerations behind the establishment of the Atlanta Long Term Care Ombudsman Program.

Its purpose is to help people who reside in nursing homes and their families. In 1978, the Older Americans Comprehensive Act required state agencies on aging to establish and operate long term care ombudsman programs. In 1979, Georgia passed a state law, "The Ombudsman Program Within Long Term Care Facilities." This Act promotes community involvement in long term care and acts as a complaint resolution process for the residents. The aging section of the Department of Human Resources administers a state long term care ombudsman program which includes a number of community programs sponsored by area agencies on aging and is funded, primarily, by Title III of the Older Americans Act. The main object of the program is to improve the quality of life for long term care residents. This would be the same function of an ombudsman for high rise residents.

Ms. Botnick also stressed the importance of support groups. Along with possible physical problems, high rise residents may have trouble adjusting to a new way of life. This is where support groups are of the greatest importance; they provide a means by which people may share their feelings. Such support groups can be valuable both to older residents and their adult children who are provided with needed information on how to help their parents and themselves in adjusting to changes in their lives. An example of such a support group is "Coping with Aging." Coping with Aging, a support group started by Ms. Botnick, is used as a learning experience and a sharing time.

The next presentaion was made by Ms. Smith of Spelman's Project SHAPE. Project SHAPE is an informational and self-help project and is charged with getting the elderly (55 years of age and older) to take the initiative for their own health care. This is done by going into the community and conducting a series of workshops at different sites. The Project identifies people who are outside the aging network, who do not live in high rises or attend Senior Citizen Centers, and who, therefore, do not have access to services.

The Project concentrates in five areas: (1) nutrition, (2) physical fitness, (3) stress control, (4) accident prevention, and (5) medicine use (over the counter and prescription grugs). These issues are dealth with in workshops held once a week for 12 weeks. Workshops are lead by a training team consisting of retired adults and students. Retired adults and two people from the target area help to plan the program so that the residents from the target area can continue the services after the workshops stop. Briefly, the program plan is as follows: (1) going into an area, (2) completing workshops, and (3) forming support groups. Each workshop follows a similar pattern. We determine the needs of the participants by explaining the program and asking participants what they would like to do in the various areas. The last part of the workshop provides a

physical fitness activity. Exercises are demonstrated followed by a lecture relating the exercise to a daily activity such as "combing your hair." Also, participants do the exercises. Another part of the physical fitness activity is a game that involves a physical fitness element. A third part of the program is the individualized consultation between the participant and members of the team. We felt that people would be willing to communicate individually but not in a group setting. A very important part of the program were the support groups established after the conclusion of the workshops. It is felt that the more aware people are about health problems, the healthier they will be.

The final presentation was made by Ms. Rebecca Hynson, a 93½ year old member of the Council on Aging. Ms. Hynson's presentation primarily consisted of biographical information. She emphasized that her "secret to youth and health" were her strong religious beliefs and her determination to remain active and independent. One problem she identified was the loss of convenient bus transportation, making it difficult for her to do her banking and shopping. She was optimistic throughout her presentation, but felt that some senior citizens, "don't know what happiness is, are mad with the world ..." and that nobody, managers or anyone else can help them. Again she returned to her religious beliefs as the most important element in her life and ended the presentation by singing a hymn.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF JULY 20, 1983

Presentation by Marea Jo and George Milner, Co-directors
Bereaved Partners and Center for Growth Unlimited

SUPPORT GROUPS FOR INDEPENDENT OLDER ADULTS

The presentation by the Milners has general significance to older adults living independently within their community but is especially relevant to persons living in High Rises. They began by raising the question as to what constitutes independent living? The answer is to be able to take care of yourself on a day to day basis, be capable of maintaining your apartment or home, be able to get around without assistance, and to be cognitively aware of events on a daily basis.

According to the Milners, several factors threaten this independence, the most significant, however, being the emergence of changes in one's health. A decline in health creates dependency; include the loss of spouse loss of income, and loss of family (through death, relocation or other changes).

It is at this point that the need for support groups emerges. The purpose of a support group is to help the individual maintain independence and avoid dependency.

According to the Milners, there are two broad types of organization. The first is to bring everyone with an interest in support together and to afterwards sort out everyone's special needs and move to small groupings. The second possibility, and the type towards which the Milners are oriented, is to identify people with specific needs and problems and have an organization formed to deal with that need. In this regard, there are two possible formats. One involves a structured time frame in which a specific need is met after which the group disbands. Here, goals and activities are developed in the form of a specific package. A schedule of meetings and speakers is established; information and coping mechanisms are provided within a relatively structured framework. The second format is represented through an ongoing permanent Support Group with people coming in as needed.

The Milners have identified seven different types of specific Support Groups categorized according to need. They emphasize that the role of the service provider is to help people determine which category deals with their problem but that people must determine these needs. In certain cases, groups may already be functioning, operational and effective.

1. A Common Support Group is a Wellness or Health Enrichment group. While individuals should identify their needs from a list of items, topics typically would include physical health, diet and nutrition, exercise,

mental health, and independent living. Such a group might also help encourage people to continue as vital members of their community. Symbolic activities (such as Pledge of Allegiance or common worship) may serve the function of helping people maintain or develop ties to the community and society. The key is to allow individuals to identify their symbolic needs and the means by which they are to be met. The goal is for group members to become less dependent on service providers, and become more aware and responsible for meeting their needs.

2. Disability or Deficit groups are established to cope with impairment or physical limitations. Disabilities may include impairment of hearing, of vision, or of mobility. The greatest problem among older persons is a deficit in one's hearing. Typically persons with a loss in hearing are the last to admit their problem. The disability group may have speakers and discussions about physical limitations and how people can best cope.
3. A group for Widowed or Bereaved Partners or a Hospice movement (to work with the terminally ill) is often needed. These are not solely for older persons though most members are over fifty years of age. One group for which the Milners recently provided leadership included some people who lost a spouse through divorce. For these individuals a Support Group helped them deal with their anger and regain a sense of personal identity. Potentially, such groups might include not only spouse survivors but other family members. In many cases, the problem of loss is exacerbated because people may withdraw and isolate themselves from the social networks to which they formerly belonged. The Milners emphasized the importance of taking notice of death through formal announcements, informal discussion, and the memorial service. These activities help give significance to the life of the deceased.
4. In a High Rise or a Community, newcomers may need a Support Group. Otherwise they may be isolated. Many older persons who have moved to a High Rise need to replace their former social network but have lost their friendship making skills, exacerbated by a physical deficit (especially loss of hearing). A Support Group can help them avoid the danger of permanent isolation.
5. Special Interest Support Groups frequently help meet the needs of older men who otherwise find themselves in an isolated situation. Whether common interests are in sports or gardening, they provide a basis for self-esteem and social support.
6. Social Sharing groups meet the social and intimacy needs of many older adults. These are fairly easy to start in High Rises. Once begun, the service provider leaves the maintenance of the group to the residents.

7. Advocacy or Special Concern Support Groups help keep older persons involved in the community and help them affect specific public policies. Examples include Alzheimers groups, Grey Panthers, AARP, political action groups, and volunteer interest organizations.

In their presentation, the Milners discussed five techniques of organization building.

1. They recommend at least seven to ten people for a Support Group. With fewer than five, problems of absence at meetings further reduces participation thus threatening the group's survival.
2. Groups need to acquire community resources. Local businesses (including restaurants) might be asked to help sponsor a group, or provide refreshments or a meeting place.
3. The facilitator (service provider) who helps start the group should not be expected to do everything. Ultimately, leadership must come from group members for the long term health of the organization.
4. Publicity is important. Members should make notices and post them. Notices including print size should be large enough for everyone, including the visually handicapped, to read. When a meeting is called, people should be reminded (perhaps through a telephone squad) on the day of the meeting.
5. The development of information as to program resources is essential. This includes possible program topics and speakers with expertise, books and audio visual resources, and activities. The facilitator can develop appropriate lists and once started turn them over to the leaders of the group.

In response to questions, the Milners indicated that mixed high rises should encourage participation by the non-elderly in some cases. They also indicated that it is sometimes useful to link High Rises to other community institutions including churches or other High Rises. Where relevant, the adult children of the elderly should participate. This is especially important for elderly newcomers or for those with health related or physical disability problems.

Presentation edited for distribution by staff of Clark College Gerontology Program.

Workshop Agenda

CLARK COLLEGE, GERONTOLOGY PROGRAM

PLANNING AND FUNDING YOUR SELF-HELP SUPPORT ACTIVITY

August 2 and 3, 1983, Tuesday & Wednesday

Vivian Wilson Henderson Center, Room 132
650 Fair Street, S. W.
Atlanta, Georgia 30314

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August 2

9:00 a.m. INTRODUCTION
Dr. Robert Fishman, Director Gerontology Program

9:15 SUMMARY OF PREVIOUS SELF-HELP WORKSHOPS
Gretchen Maclachlan, Director, Gerontology Workshops

9:30 PREPROPOSAL RESEARCH
Dr. Nathaniel Jackson, Assistant Professor,
Social Science Department, Clark College

10:15 CENSUS DATA SOURCES FOR THE ELDERLY POPULATION
Joe Reilly, Information Services Specialist,
U.S. Bureau of the Census

11:15 BREAKOUT GROUPS:
Facilitators:
Anita Curry-Jackson, Coordinator for
Field Instruction, Social Welfare
Program, Clark College

Dr. Larry Earvin, Chairman
Social Science Department,
Clark College

Dr. Nathaniel Jackson

12:15 LUNCH BREAK

1:30 DEFINING RESOURCE NEEDS: PLANNING AND BUDGETING
Dr. Larry Earvin

2:30 FUNDING YOUR SELF-HELP PROGRAM PANEL
Jane Hopson, Assistant Director, Metropolitan Atlanta
Community Foundation
Beth Morgan, Coordinator Contracts and Administration,
Aging Division, Atlanta Regional Commission
Midge Taylor, Associate Coordinator, Fund for
Southern Communities

3:00 p.m.	BREAKOUT GROUPS
4:30	Adjourn

August 3

9:00 a.m.	BREAKOUT GROUPS
9:45	WRITING THE BODY OF THE PROPOSAL Jane L. Dawkins, Associate Professor, Business Education Department, Clark College
11:00	BEAKOUT GROUPS
11:45	PUTTING THE PROPOSAL TOGETHER, APPLICATION, AND FOLLOW THROUGH Jane L. Dawkins
12:15	REPORTING: SHARING THE RESULTS OF EACH BREAKOUT GROUP
12:45	WRAP-UP AND PLANS FOR REVIEWING YOUR PROPOSAL Gretchen Maclachlan
1:00	Adjourn

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF AUGUST 2-3,1983

Presentation By Dr, Nathaniel Jackson, Assistant Professor, Social Science Department, Clark College.

PREPROPOSAL RESEARCH

Two major reasons for writing proposals were given: (1) to plan, and (2) to secure funds. In the first instance a proposal helps a person think through some particular program he is interested in providing. In the second instance, proposals are generally wrtitten to secure fund for a particular program, service or activity that an agency or group thinks should be provided to the public.

Dr. Jackson defined a proposal as an invitation to a funding source requesting that they come in and share their resources to help provide a service. Depending on the situation, a proposal may take several forms. One type is a complete full-length proposal. It includes a statement on what the service provider would do, the nature of the problem, why the problem needs to be addressed, how the problem will be addressed, how much money would be needed and finally an evaluation, a way of determining how well the service was provided.

Another type of proposal, which is more in the form of a letter or prospectus, would give a funding source some idea of what the organization was about, what types of problems the agency handled, and briefly indicate how the agency might address a problem. It may not be as detailed as the full-length proposal, but both types of documents are designed to show funding sources what an organization or group can do to address a particular problem that has been identified in the community.

A proposal has several parts. The first part is pre-proposal planning and research, the second part is identifying appropriate funding sources, the third part is writing the body of the proposal and the fourth part is putting the proposal together. The booklet, "Writing Action Proposals," indicated the need to be aware of the application procedures. Each proposal has a certain amount to "boiler-plate" material (material indicating who you are, your agancy address, congressional district and other kinds of information that would go with any proposal). The next thing one should do is go through all of the rules and regulations attached to material sent with the proposal to insure that everything was covered that was required to complete the proposal. Finally, you need to make sure

that all pages are in consecutive order. This prevents a funding source from disregarding the proposal because they did not know, "what (pages) went where."

Preproposal Planning

One has to plan to write a proposal and this is done in the preproposal planning stage. Dr. Jackson indicated that one of the factors generally affecting the preproposal planning stage is time. If you work with an agency or group that writes proposals all of the time you receive, from government agencies, what are referred to as a request for proposal (RFP's). Generally, when an RFP is received, there is only a short time, two to three weeks, in which to put together a proposal and there may be a feeling that the preproposal planning stage is unnecessary. However, preproposal planning may be the most important phase in writing a proposal,but it is often the stage to which people give the least amount of attention. It is often the reason that people do not get proposals funded. You have to know what you are going to do before you construct a proposal. so despite the tight time schedules a sufficient amount of time should be devoted to preproposal planning. Time should be set aside to plan and brainstorm through a proposal before you attempt to write it.

During the preproposal planning phase three questions need to be answered:

1. What are you going to do?
2. How are you going to do it? How are you going to do what needs to be done to put together this proposal?
3. Why are you going to do it?

In proposal writing it is necessary to understand why something is being done because it allows you to be creative. When you understand the purpose and relationship of the various parts of the proposal then you can use your imagination and creativity to strengthen the idea that you are presenting to a funding source. You can take things from one part of the proposal, rephrase them for another part of the proposal if you understand what you are doing.

Four things were to be accomplished during the preproposal planning stage:

1. Identify and narrow the problem.
2. Conduct a literature review.
3. Conduct a community resource search.
4. Develop a prospectus.

Identifying the problem (taking the initial idea and narrowing it in such a way that a funding source would understand and appreciate the difficulty of the problem) can be accomplished by answering several questions. The questions are:

1. Who are the people who have the need, how would you describe them?

2. How many are there?
3. How many people are you planning to deal with?
4. What is your target population,what is their age, sex, and economic condition?
5. Does the location affect the need?
6. Does the place in which the people live have some bearing on their need?
7. Will there be transportation problems?
8. Are there important facts that are unique to a specific group?
9. How does the target group compare to the rest of the population?

In answering these questions, the proposal writer should be specific, particularly in identifying the target group and the number of people to be served. How do you answer the questions that are going to narrow and more clearly define the problem? You go to the Census Reports, for they are probably the key place to find the answers. A second way to answer the questions is to talk with people who have worked with or provided services to the target group you have identified. Identification of the problem is done in such a fashion because the funding sources only consider problems to be real when they are supported by hard data and documentation. Hard data usually means numbers or some percentages and the Census Reports are the best source for getting the numbers needed on the target population. Additional sources of documentation include concrete examples taken from a newspaper or an interview with an expert who has worked with or served the target population or community.

The problem has to be identified and the questions answered because funding sources often consider a problem valid only when it can be documented--when they can see numbers, the type of problem you are dealing with, the number of people who need services and exactly why this group is different from the population at large.

Next a literature review must be conducted. A literature review must be done whether you are writing a research or action proposal. The purpose for doing the literature review is to determine what others have done to meet the needs of your target group. You have to document that you know something about the problem, you need not be an expert but you must be able to demonstrate that you know what is going on in the service area. A literature review is completed by looking at material (books, articles, reports) to find out what has been done in the area. Two major sources are the Monthly Catalog of U.S. Government Publications. This document and its supplements contain a listing of all the reports that the U.S. Government has published within the course of a year. These reports may have come from universities or government agencies but they are indications of what has been done in your area of interest. It is fairly easy to track down these reports.

Another important source is the Human Resources Abstract. Abstracts are useful when writing a proposal because they tell the name of the publication and what is in the publication. If you consult an abstract before looking up a piece of literature, you can determine whether or not it say something about the problem you are writing about. The best place to find information (sources) for a literature review is a depository library. A depository library is a university or public library that has been designated by a congressman in that state to receive government publications and major documents. Depository libraries in the Atlanta area include Woodruff Library in the Atlanta University Center, Atlanta Public Library, Georgia State Library, and the libraries at Emory and Georgia Tech. The literature review is relevant to the proposal as it helps to determine: (1) what services have been offered, (2) what are the program goals; how are services provided and what are the results. Finally funding sources look at the literature review to determine if your proposal is up to par in terms of what other people have done in providing the service.

When conducting a community resources search, you are trying to determine what resources are available in your community to do what you are trying to do. The purpose is to determine what is available in the area to meet the needs of the target group. We conduct the community resources search by: (1) putting together a list of agencies that serve the target population, (2) consulting other sources such as churches that may serve the target population, and (3) checking with the local regional planning agency (Atlanta Regional Commission). This agency is responsible for coordinating services in the area and should be aware of what services exist in the community. A community resources search is necessary to: (1) learn what local approaches are being used, (2) identify and approximate the cost of the service you are planning to provide, (3) locate potential funding sources, (4) determine how many groups are already providing services to the target group, and (5) make sure that you are not duplicating services. You must be able to report on local approaches in your proposal, construct a budget that is adequate and reasonable, and convince a funding source that your request is unique. A community resources search can provide the information to help you do these things.

The last activity in the preproposal planning stage is developing a prospectus. More funding sources are beginning to request a prospectus before they will allow you to submit a full proposal. A prospectus is a summary of what you are going to do. It does not include all of the detail of a full proposal. It pulls together the statement of the problem, what you have learned from the literature review, and what you have learned from the community resources search. Developing the prospectus helps to bring the results

of the planning process into sharp focus. It provides an opportunity to step back and look at what has been done, put it in perspective and to see where you are heading in terms of producing a complete proposal. You pull together all of the parts and write a summary of the statement of the problem, literature review and community resources search. The relevance of the prospectus is that generally funding sources prefer to read a prospectus to determine if this is a problem for which they will provide funding. More government agencies are starting to request a prospectus.

The prospectus also can be used to get additional input from those people who have already been involved in the planning of the proposal. It can help them look at what they have done and revise it. The prospectus is useful, in terms of doing the entire proposal, as it gives people who have not had input into the planning of the proposal but who would be affected by it an opportunity for input. If you are going to provide a service to a particular population you might get someone from the target group to read what you are planning to provide. Most funding sources want to know whether or not the people affected have had some input into the proposed project. The prospectus provides the opportunity to demonstrate that they have. The document should be limited to two to four pages.

The last thing you have to decide as a group is who will coordinate the proposal. Generally, a proposal is put together by a group but there may be one person in your organization who has the initial task of thinking it through. Afterwards, tasks are assigned and each person writes part of the prospectus or proposal. Finally someone takes all the parts and rewrites the document.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF AUGUST 2-3,1983

Presentation of Mr. Joe Reilly, Information Service Specialist, U.S. Bureau of the Census.

CENSUS DATA SOURCES FOR THE ELDERLY POPULATION

According to Mr. Reilly, Census data is not the easiest type of information to use and as we progress from the 1980's to the 1990's it will become more complicated. Considering the changing social structure of the country, the Census Bureau changes many of the ways that it collects data from year to year. It is important to know some of the limitations. His presentation dealt with obtaining Census data and applying it in preparing a proposal for the elderly.

In preparing a block grant or proposal you have to identify a target group or service area. First consult your data sources which most likely will be Census Bureau information. The census data examples which Mr. Reilly used in his presentation pretained primarily to the Atlanta metropolitan area or was national data.

The Census Bureau collects data on government units, such as the city, county, and state and also for defined statisical units such as census tracts, blocks, and neighborhoods. When preparing a proposal you have to show how your service area differs or compares with some other area. Only at the time of the decennial census (taken every tenth year ending in zero, e.g. 1980) is information on small geographic areas such as Southeast Atlanta available. For the nine year interim information that would show trends in the elderly population is collected and gathered only at the national level.

Mr. Reilly explained that the Atlanta Standard Metropolitan Statistical Area (SMSA) had changed from a 15 county metropolitan area to an 18 county metropolitan area. So a proposal writer may be limited somewhat in making comparisons because all the 1980 Census publications that have been published are for the 15 county area. In the future statistics will be made available for the 18 county area.

For preparing grants for different communities within the metropolitan area, the most common areas that you will deal with are the city block or block group. The block data is for a city block and the block group data is for an aggregation of blocks. The important distinction between

them is that more detailed information is available for block groups. When the Census is taken we use two different types of forms. We send out the short form to every household and then usually a sample of households of one in six also gets a long form questionnaire. For most of your proposals you will be interested in such characteristics as the income in the area, the educational level, and the poverty level; that information is obtained only from the long form questionnaire. This means that you do not have this at the block level because the sample is not large enough. Therefore, you will be working with the block group, the smallest area for which income, education, and occupational data are available.

When block groups are added together, the next geographic level that you will be able to work with will be the census tract. A census tract is an area of around four thousand persons, on the average, in population. The census tract is one of the most useful areas as a building block for your proposal. The boundaries within the city have remained relatively stable from Census to Census.

Since the 1980 data shows you what took place at one point in time, you usually choose another point in time for comparison to show whether we are progressing of declining. It is very easy to compare the same census tract in 1980 and 1970 to get an idea of what has taken place in your particular area. (Census tracts change somewhat but they are very easy to identify and reaggregate because they maintain the same identification numbers. If they split or change decimal points are added to the identification to facilitate reaggregation to the same area that existed 10 years ago.)

The smallest geographic area for which you will find something in printed reports at least as published by the Census Bureau, is the census tract level. Block group and block information are available either on microfiche or computer tape. The microfiche is usually available at libraries.

When using census data to prepare a proposal and illustrate trends in the elderly population, you might look at population growth between decades and separate the data into white and black population groups. You have to show that different groups have distinct characteristics. Another way to look at the information is to divide it into age cohorts. This approach could help you show what will happen in the future in your service area. An illustration of the use of age cohort data for planning follows.

The elementary school population across the country dropped in 1970 but we are now experiencing another upturn in birth rates and the elementary school population will be increasing. High school population, due to low birth rates ten to fifteen years ago, are dropping during the 1980's. You see the results of fluctuations in birth rates when Atlanta area school boards propose to close high schools or change the high schools into elementary schools.

Now you can take this data further and break it into age groups. You can chart it through the young adult years, ages 18-24, and so on and see that the population is getting older.

Planning for the Elderly Population

When you look at the elderly population, which is probably the fastest growing group in the country, you remember the time period after World War II when we experienced the baby boom. Well, that tremendous impact is going to really hit us around the turn of the century when many of the baby boom babies reach the 55 years or older age group. Looking at the 65 to 74 year old group you see it grew by 25 percent in the sixties and by 15 percent in the seventies. The segment that is growing the most rapidly is the 75 and older age group which grew by 32 and 34 percent in the sixties and seventies decades, respectively. If you separate out the 85 and older age grouping, you find it has grown even faster than the other two as far as percentage change from decade to decade.

Each segment of the elderly population has distinct characteristics. Definitions of the elderly vary; some groups define it as 65 plus, others say 62 plus or 60 plus. However, it is important to take the data, separate it by age to show the changes taking place in the area.

A second illustration of the impact of the continued growth in the elderly population is on federal expenditures such as social security and medicare. Currently annual expenditures for social security total 120 billion dollars and for medicare 24 billion dollars. All ages will be affected by the growth in these expenditures as the elderly population grows. By the year 2050 over 20 percent of the population will be 65 years or older whereas presently about 11 percent are over 65.

Other statistics that might be needed in preparing a proposal include the number of families headed by females. Many elderly women live alone, and charting the percent of female-headed households can show the impact on a community of their receipt of government services such as AFDC, food stamps, and public housing. Another important statistic is the percent of your target group at or below the poverty level.

When working with statistics on the elderly population you must consider, when identifying data sources and collecting data, that you will need to know:

1. Sex ratios--the ratio of men per 100 women or females per 100 males. As the age increases the female percentage also increases. The 85 plus population is primarily female and they have different needs from a predominantly male population.

2. Life expectancy tables--for example, if you have X number of people in your service area that are 65 plus, by referring to life expectancy tables you can project how many years you can expect to provide the service. Also there are distinct differences in the life expectancy rate for males and females and for blacks and whites.
3. Ethnicity--the white population is older than the black population or other minorities. This is important in identifying the composition of a service area. You can look at population totals or percentages of totals by race.

When writing a proposal you will have to decide how you want to present the data. For example, in identifying the number of people that you want to serve, you can give raw numbers (X number of people 65 plus live in this area), but raw numbers may be misleading. When you look at states with the largest number of elderly, you find the most populous states such as New York. When you look at those states with high percentages of elderly, you find states with smaller total populations such as Kansas and Nebraska.

Additional statistics to be reviewed include:

1. Living arrangements by sex--females tend to live longer and subsequently move from living with husbands to living in single-person households. Men are shown to live with spouses and less often alone since they die younger than women.
2. Labor force participation rates--what percent of the population is actively in the labor force. Labor force participation is dropping as people retire earlier.
3. Improvements in the income of the elderly--how many are at or below the poverty level.

Housing Data. The use of housing data helps to identify for the elderly such things as whether they have adequate kitchen facilities, complete plumbing facilities, telephone service, or air conditioners, the percent of income paid for housing, access to motor vehicles, and overcrowding.

A Census publication, "Reference on Statistics on the Aging Population," listed the types of data available including:

1. Total population (counts)--most reports include data on the total number of the population.
2. Age groups--data on the elderly is broken out by 65 years or older, 65 to 74, 74 to 84. If you also want to include ages 62 to 64 then you would have to take basic tables and do separate calculations.

The most frequent query pertaining to the elderly population is the identification of the number of elderly in an area who have a certain handicap. The only data that the Census Bureau collects about disability is as it relates

to transportation use for the elderly population. Statistics on the visually or hearing impaired will probably have to be obtained from the state (e.g. the Georgia Department for Human Resources) or nationally from the National Center for Health Statisitcs unless you have your own data base.

Data for small areas is mostly contained on computer tape or microfiche. Refer to a Census publication, "Data for Small Communities," (page 9).

Resources for Census Data--Where to Get It

- Census Bureau Regional Office (in Atlanta telephone 404-881-2274)--provides technical assistance to persons or agencies who are writing proposals and have a definite idea. By working with the person or group Bureau personnel can show them what sources to use.
- "Neighborhood Profiles" based on the 1980 census data will be available in September 1983. This information applies to neighborhoods identified by the Atlanta Regional Commission and the City of Atlanta. The profiles will contain both universe (100 percent) and sample data on the neighborhoods including the elderly population. Consult the City of Atlanta's Planning Department or the public library for this data.
- Other sources that receive census data and also analyze data are: (1) the Atlanta Regional Commission, (2) University of Georgia Computing Center, and (3) the Georgia State Office of Planning and Budget.

As a final, but important, note Mr. Reilly stated that annual national updates (surveys) are made on population characteristics such as age, poverty, and income. The proposal writer should be aware of aggregate changes in order to project the possible effect on the local area.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF AUGUST 2-3,1983

Presentation by Dr. Larry Earvin, Chairman, Social Science Department, Clark College.

DEFINING RESOURCE NEEDS: PLANNING AND BUDGETING

During introductory remarks, Dr. Earvin defined grantsmanship as knowing funding sources, knowing the kinds of things they are interested in supporting and establishing dialogue with funding sources so that they will know you.

Planning and Budgeting in the Proposal Process

Preliminary proposal, prospectus or preapplication are names given the document that grantees submit to a funding source prior to submitting a full-fledged proposal. Developing the preliminary proposal is a useful process in helping to answer the following questions:

1. What is the problem?
2. Who would be the focus?
3. Why is it important to focus on one group rather than another?
4. Is it reasonable to concentrate on that group?

When beginning a proposal, one must examine the staff time and resources available to assemble it. Someone must be selected to take the lead in coordinating, writing and refining the document.

Proposal Planning Prerequisites

Funding prerequisites include several steps that the inexperienced often ignore.

A. Pull together relevant information about your organization and its capacity to provide services. Describe what you do and how long you have been doing it. Also, provide an idea of your success rate in providing services.
B. The legal status of the organization is important. Frequently, for government funding sources, it is necessary to be incorporated or have a tax exempt (nonprofit) status. Such status may determine grantee eligibility.
C. A proposal may require preapplication so check preapplication requirements. When preapplication is required, there are usually deadlines for

submission of the preapplication. If the funding source responds positively to the pre-application, another deadline must normally be met when submitting the full proposal. One needs to be aware of what the deadline means. For example, must the proposal be postmarked by a certain date or received at a certain time?

D. There is a need to identify who (person or office) will be responsible for the management and reporting of expenditures.

Planning and Funding Strategies

The source from whom you are going to request funds for a specific activity is a major question. The following methods were identified:

1. Total funding--the grantee ask a funding source to pay the total cost for the activity. There would be no grantee contributions. This however, is the most difficult type of funding as sources want to see some demonstration that the grantee is putting up something for the program they want funded.
2. Matching contribution--the grantee is required to make some contribution to the funding of the activity such as providing a cash contribution to the project, paying indirect costs or overhead, or providing in-kind contribution (services or facilities that reduce the amount to money spent by the project to accomplish its goals). This method is dominant among federal funding sources.
3. Future program funding--the funding source wants to know whether or not the grantee will be able to continue the service after the funding stops. This is a key element and grantees are required, in most applications, to describe what will happen when funding stops.

Key questions about the funding strategy are as follows:

Q. What is the best (funding) strategy?

A. If you can identify a single source that funds your area go to that source first. If the first source will only partially fund then you have to shop around. Sometimes funding from an initial source is based on your getting a matching grant.

Q. How much time is involved between submitting a proposal and getting an answer?

A. It varies, but six months is not unusual. Foundations will generally accept proposals throughout the year but may have a preferred time which is usually before or after a meeting of the Board of Directors.

Funding Sources

The funding sources listed were: Federal, state and local governemnts, foundations and corporations, local businesses and churches. Information and descriptions of the various grant programs available from the Federal government can be found in the Catalog of Domestic Assistance, Federal Register, and Commerce Business Daily. Information on state and local government programs can be obtained by knowing people in key positions (i.e. state representaives, councilmen). Information on foundations could be found in The Foundation Directory, which lists foundations with assets of one million dollars or more or that made grants totaling one-half million dollars within a year. The foundations are listed by states and other information includes officers, geographic location served, types of projects funded, and the average size of grants. One can trace smaller fondations through handbooks on local philanthropic organizations. All references are available at depository or university libraries.

Budgeting

Key aspects in the development of the proposal are cost and reasonableness. Your request for funds must be considered reasonable. In developing the budget, take into account personnel needs for the project, administrative and management needs, material and space needs. Also, be clear about the services you will provide, the level of need and community support that is required.

Several items to be considered in constructing a budget are personnel expenses (wages, salaries, and fringe benefits), travel expenses (local and out-of-state), non-personnel costs (facilities and equipment), supplies, communications costs (postage and telephone service), publication and dissemination costs, insurance and bonding costs, and cost of a Certified Public Accountant for audit purposes.

CLARK COLLEGE: GERONTOLOGY PROGRAM
WORKSHOP OF AUGUST 2-3,1983

Presentation by Ms. Jane Dawkins, Assistant Professor, Business Education Department, Clark College.

WRITING THE BODY OF THE PROPOSAL

According to Ms. Dawkins, whenever you write you must remember to answer the five W's--who, what, when, where and why. Specifically, in proposal writing one must consider who reads the document, how much detail is required, whether jargon or detailed explanations are to be used, and how familiar is the funding source with the topic? Other questions to consider are: What ideas are to be included? Do the ideas coincide with the proposals purpose? Do you really want to use facts and figures, and if so what sources (i.e. census data, publications, questionnaires, interviews) will be used? In writing the proposal, five steps must be followed:

1. Define the purpose and the problem.
2. Consider who reads the document.
3. Choose ideas to include.
4. Collect material
5. Interpret material.
6. Write, revise and proofread.

In a review of Writing Action Proposals, Ms. Dawkins indicated that whatever the proposal, the writer must first identify the problem to be addressed and develop a statement of the problem. She raised some key questions related to the problem.

1. What are the major causes of the problem?
2. What are the major consequences of the problem?
3. Why was the particular problem chosen?
4. Who has been involved to date in formulation of the idea and design?
5. Why is the project needed at this time?
6. What has been done?
7. What efforts have been previously made to secure funds?

Secondly, the target group must be identified and defined with the purpose. Target groups might be identified through the use of census data or through canvassing the community.

The next part of Ms. Dawkin's presentaion was to work through the development of goals and objectives. This was accomplished through the workshop exercise, a project to maintain housing for the elderly with the assistance of a

corps of volunteers. The goal was to provide repair and chore services to fifty homes at the poverty level in the Pittsburg area of Atlanta. Objectives were identified (a breakdown of what was to be done, who was to do it, when was it to be done, according to what time schedule, and extent of services).

Within the first three months we would identify fifty homes through agency referral and community canvassing, develop a form for determinig need, and develop a contract to repair and provide services to the homes identified. Also, within the program year we would provide a maximum of $1,000.00 in home repairs and chores per home. Each objective was broken down into method, timetable and evaluation. Project administration and costs were dealt with under objectives.

Ms. Dawkins identified other key points in putting any proposal together.

1. Data used to present facts and figures (i.e. census data) could be attached in the appendix.
2. Get some idea about the proposal format by looking at proposals that were funded.
3. Use 8½ X 11 inch paper; type on one side; and paragraphs are usually double-spaced.
4. Use headings that will lead the reader through the proposal.
5. Have someone (preferably someone not involved in the program) proofread the proposal.

Partial Listing of Support Groups in Metro Atlanta Area

1. "Coping With Aging" - C.O.P.E.

   Meets 2nd Wednesday Monthly - 7:30 p.m.
   1745 Peachtree Road, NW
   For information call: Miriam Botnick, 586-0095

   Free community service sponsored by Service Guild, Inc., that offers a support group, community information. Makes agency referrals and provides a telephone support system.

2. Helping Older People Effectively - H.O.P.E.

   Meets 1st Tuesday Monthly - 7:00 p.m.
   Glenn Memorial United Methodist Church
   School Bldg., Room 9, Emory University Campus
   1652 N. Decatur Road
   For information call: Elizabeth Fairleigh, 262-2700

   Designed to give information to older persons wanting to stay in their own homes or apartments, to the family of persons living in nursing homes, and to family members who want to maintain their parents in their own home.

3. Concern for Aging, Clayton County

   Meets 1st Thursday Monthly - 7:30 p.m.
   Morrow United Methodist Church
   5985 N. Main Street
   For information call: Patricia D. Simmons, 284-9613 or
   Jo Ann Carmichael, 991-0111, Ext. 370

   Provides a support system for persons with aging relatives. Has professional speakers followed with discussions.

4. "Self-Help Group for Aging"

   Meets 4th Wednesday Monthly - 7:30 p.m.
   Homes of Group members
   For information call: Mary Mackinnon, 873-5601 or 658-2692

   Sponsored by First Presbyterian Church, Atlanta.
   Offers support system for persons with concerns about aging relatives and community information. Quarterly program meeting.

5. Alzheimer's Disease and Related Disorders

Various groups organized geographically and meeting on monthly basis. For general information, call Deborah Sullivan, 377-9901 or 378-4172

In addition to holding quarterly Chapter meetings, monthly support groups (rap session) are held to provide an opportunity for discussion on problems in caring for family members with Alzheimer's disease, and a sharing of ideas and resources.

MATERIALS AND RESOURCES ON SELF-HELP

Clearinghouses and their publications

- The National Self-Help Clearinghouse, 33 West 42nd Street, New York, NY 10036 Phone: (212) 840-8460

Its publications include:

Self-Help Reporter, a newsletter, $10.00 annually (5 issues)

Training Self-Help Groups Among Older Persons, A Training Curriculum Among Older Persons, by Frances J. Dorg. $15.00
Contains material on organizing in four areas: Health, Consumer Education, Safety, and Homebound/Handicapped; how to build Seld-Help groups; and understanding and dealing with aging.

How to Organize a Self-Help Group, by Andy Humon. $5.00

Planning Self-Care Programs: Some Resources for Health Agencies and Community Groups, by Nancy Milio. $5.00.

- The Self-Help Center, 1600 Dodge Ave., Suite S-122, Evanston, IL. 60201 Phone: (312) 328-0470

The Center performs research, organizes workshops and conferences, provides consultants, maintains a telephone information service on self-help, and has published the following:

Explorations in Self-Help and Mutual Aid, edited by Leonard Borman (1975), proceedings of the first Self-Help Exploratory Workshop. $5.00.

Miscellanceous Publications

Helping People to Help Themselves: Self-Help and Prevention, editor Leonard Borman, The Haworth Press, 28 East 22nd Street, New York, NY 10010. $20.00

Self-Help Groups for Coping with Crisis, by Morton A. Lieberman, Leonard D. Borman and Associates, Jossey-Bass, Inc. Publishers, 433 California Street, San Francisco, CA 94104. $17.95

Generations, Quarterly Journal of the Western Gerontological Society, Fall 1982. Issue on Alzheimer's Disease and Related Disorders, articles on forming Self-Help Groups including:

Lisa P. Gwyther, "Caregiver Self-Help Groups: Roles for Professionals".

Warren Easterly,"ASIST: A Model Program of Family Support".

Voluntary Action and Older People, An Annotated Bibliography, (Publication # 2898308), order from National Council on Aging, 600 Maryland Avenue SW, West Wing 100, Washington, DC 20024. $3.00.

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